



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

CERTIFICATE OF REINSURER DOMICILED IN RECIPROCAL JURISDICTION

I, _____, _____ (name of officer), _____ (title of officer)

of _____, the assuming insurer (name of assuming insurer)

under a reinsurance agreement with one or more insurers domiciled in _____, (name of state)

in order to be considered for approval in this state, hereby certify that

_____ ("Assuming Insurer"): (name of assuming insurer)

- 1. Submits to the jurisdiction of any court of competent jurisdiction in Arizona for the adjudication of any issues arising out of the reinsurance agreement...
2. Designates the Director as its lawful attorney in and for the State of Arizona upon whom may be served any lawful process in any action, suit or proceeding in this state arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.

_____ (name of person)

_____ (name of company/entity/firm)

_____ (mailing address)

_____ (country, state and zip code)

- 3. Agrees to pay all final judgments, wherever enforcement is sought, obtained by a ceding insurer, that have been declared enforceable in the territory where the judgment was obtained.
4. Agrees to provide prompt written notice and explanation if it falls below the minimum capital and surplus or capital or surplus ratio, or if any regulatory action is taken against it for serious noncompliance with applicable law.
5. Confirms that it is not presently participating in any solvent scheme of arrangement, which involves insurers domiciled in Arizona.
6. Agrees that in each reinsurance agreement it will provide security in an amount equal to 100% of the assuming insurer's liabilities attributable to reinsurance ceded pursuant to that agreement...
7. Agrees to provide the documentation in accordance with AAC R20-6-A1606(C)(5), if requested by the Director of Insurance and Financial Institutions.

Dated: _____

_____ (name of assuming insurer)

BY: _____ (signature of officer)

_____ (title of officer)

Send the document to financialfilings@difi.az.gov.